

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 006-685 19310	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Mark T. Myers P.O. Box, Bldg., Room No., if any P.O. Box 3157 Street City Davenport State Iowa ZIP Code + 4 52808	4. Name, file number, and address of labor organization. Name IUPAT Painters' Local Union #676 Labor Organization File Number 006-685 P.O. Box, Building and Room Number, if any P.O. Box 3157 Street City Davenport State Iowa ZIP Code + 4 52808
5. Position in labor organization. Financial Secretary/Business Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6. Name and address of Employer (including trade name, if any). Name QC Association of PDCA/FCA Chapters Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 4711 44th Street Suite 2 City Rock Island State Illinois ZIP Code + 4 61201	7.a. Nature of Interest, Transaction, or Income. <table border="1"><tr><td>7/21-7/23, 2005 Semonar/Retreat</td><td>500.00</td></tr><tr><td>12/20, Christmas Party</td><td>60.00</td></tr></table> 7.b. Amount. \$560.00	7/21-7/23, 2005 Semonar/Retreat	500.00	12/20, Christmas Party	60.00
7/21-7/23, 2005 Semonar/Retreat	500.00				
12/20, Christmas Party	60.00				

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Mark T. Myers	On 5/5/06 Date	309-788-8080 Telephone Number